

Duals Demonstration Provider Outreach and Engagement Work Group

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Department of Health Care Services (DHCS)

April 19, 2012
2:00 – 4:00PM

Duals Demonstration Overview

- Introduction to the Work Group Process
- Goals and Deliverables for this Work Group
- Experience with the SPD transition
- Current Issues Facing Providers
- State, Plans, Providers, and Medical Groups: How Can We Communicate Change?
- Wrap-Up and Next Steps

Today's System:

Medi-Cal:

- Services not covered by Medicare (i.e. transportation vision dental, mental health services)
- Medicare cost-sharing
- Long-term skilled nursing
- Personal care services, and home-based services

Medicare:

- Hospital services
- Physician services
- Temporary skilled nursing facility
- Rehabilitation services
- Home health services
- Dialysis
- Durable medical equipment
- Prescription drugs
- Hospice

Vision: Integrated Model of Care:

- Initial Health Risk Assessments
- Individualized Care Plans

- Care Coordination Teams
- Health plans responsible for providing seamless access to a full continuum of services
- Strong consumer rights
- Joint state-federal oversight

Dual Demonstration Overview:

- Total of 4 Demonstration site pilots have been authorized under SB208.
- The initial 4 selected are Los Angeles, Orange, San Diego, and San Mateo.
- DHCS has identified 6 other counties for Demonstration pilots including Alameda, Contra Costa, Santa Clara, San Bernardino, Riverside, and Sacramento.
- January 2013 implementation

Introduction to Work Group Process:

- This work group will make recommendations about optimal strategies to inform Providers about participating and engaging into a managed care environment, and identify strategies to expand managed care provider networks.
- Collaborative process involving Providers, Health Plans, Advocacy Groups, Government Entities, and Beneficiaries.
- For this work group, “providers” is being used in a limited sense. This includes physicians, medical groups and pharmacists.
- IHSS “provider” issues will be discussed in the IHSS work group.

Meeting Topics:

Meeting #1: Introduction to the Work Group process, experiences from SPD process, and issues faced by Medical Providers

Meeting #2: Guidelines to support health plans with provider education and outreach

Meeting #3: Helping providers to understand the interaction between LTSS and acute care

Goals for this Work Group:

- Review key issues that medical providers, groups, and associations face in working with a Managed Care Organizations (MCO).
- Develop recommendations on how the state, plans, and other stakeholders help educate local providers on MCO issues.
- Identify potential barriers to optimal communication between health plans and providers.

Deliverables for this Work Group:

- Create guidelines for a communications plan to help physicians understand the Duals Demonstration. Guidelines will include steps toward a comprehensive communication plan.
- Develop a joint plan for a local stakeholder process to be led by the state, plans and providers.
- Develop a shared vision and operational plan for communications.
- Agendas and meeting minutes will be produced for each meeting.

Experience for the SPD Process:

- Since last June, about 20,000 beneficiaries have transitioned each month. We are now in the last phase of this enrollment.
- Continuity of Care has always been our No. 1 goal.
 - We understand this is a particularly vulnerable population that requires and deserves extra attention during such a big life change
 - Many key lessons learn during this process will make us better as we move forward with transitioning dual eligibles into managed care.
- One key area of learning for the department is Provider Education. We are asking ourselves how providers can be better informed to understand the changes and thus help guide their patients.

David Ford,
California Medical Association
Current Issues Facing Medical Providers:

- Patients in the SPD transition contact their physician to understand letters.
- Unclear path for physicians to enter the managed care networks.

- Difficulties with medical authorizations and MERs as beneficiaries switch plans or transitioning from Fee-For-Service to Managed Care.
- Balance of Medi-Cal patient mix and reimbursement rates.
- High administrative overhead and patient cancellation rates to serve the Medi-Cal population.
- Adoption of the Electronic health record and the integration into the Medi-Cal system (minimum of 30% patient mix to qualify); federal eligibility rules for EHR make it difficult for Providers to qualify (e.g. Pediatrics).
- Specialty care is limited and referrals outside of the network require are difficult to obtain.

Stuart Levine, MD MHA

HealthCare Partners

State, Plans, Providers, and Medical Groups: How Can We Communicate Change?

- Health Plans relationships with medical groups and individual providers differ.
- The overall goal of this demonstration is to ensure the patient experience is maximal- they feel taken care of- so they do not disenroll.
- What is the best way for all of us to collaborate to work towards the mutual goal of patient satisfaction?

Improving Communication:

- Health plans must engage with medical groups, as well as, individual providers.
- Educate medical groups and providers about the duals demonstration and materials sent out to patients.
- Build a communication system where providers and medical groups can get answers.
- All must come together for a collaborative infrastructure for patients transitioning into this new system.

Wrap-Up and Next Steps:

- We will distribute meeting minutes from today's work group meeting
- Preparation for Meeting #2: We would like to discuss guidelines to support health plans with provider education and outreach.

- Please submit suggestions for guidelines before the May 22nd meeting. We will compile and distribute for the second meeting

For more information:

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